

Audio/Visual Request

Today's Date _____ Event Date _____ Start Time _____ End Time _____

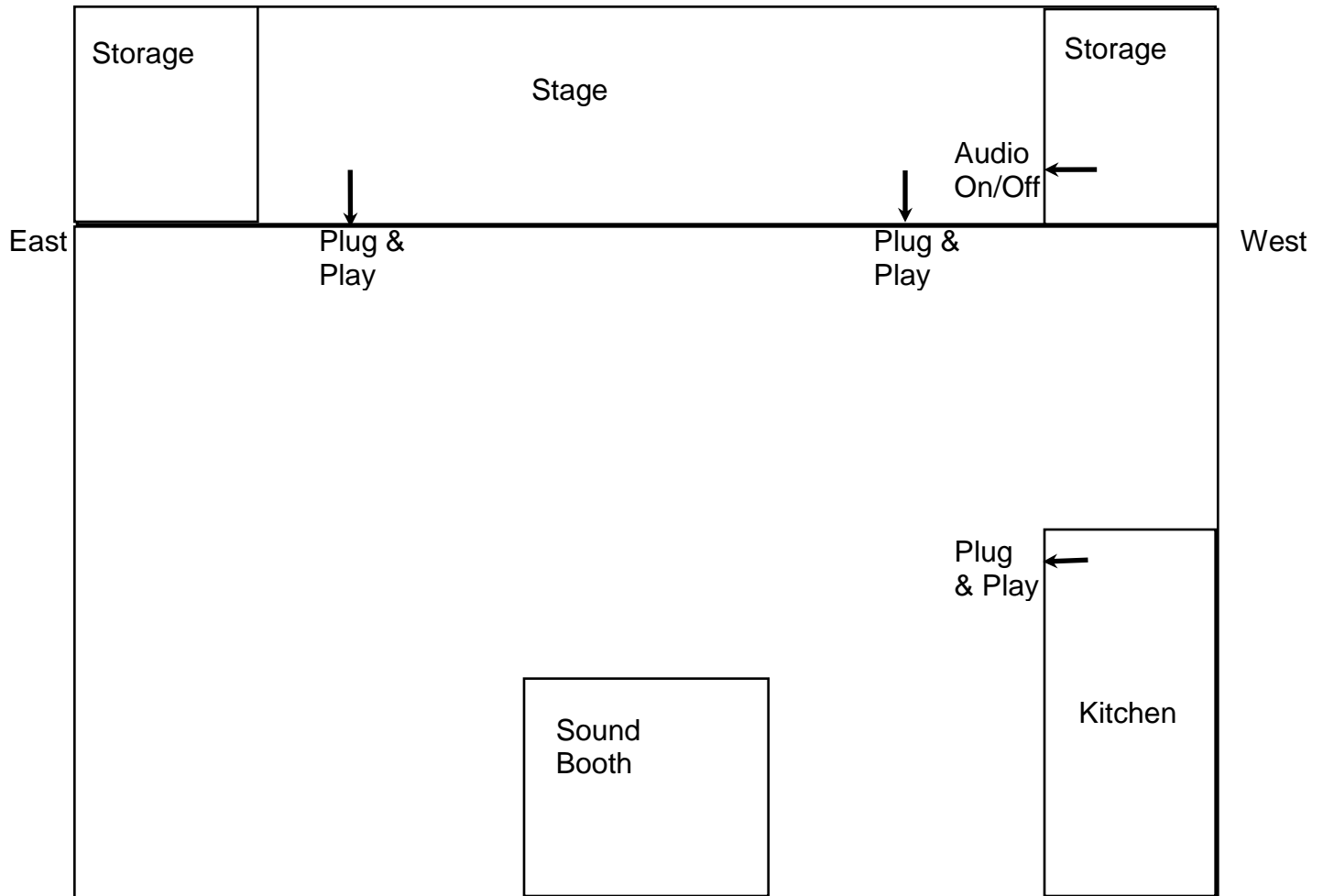
Event Name _____ Event Location _____

Event Chairperson _____ Telephone _____

Brief Description of Audio/Visual Needs (Sound, Video, Lighting etc.): _____

Please diagram the location & layout of your Event

Show locations of microphones and table and chair arrangements on this diagram



Please Submit completed form to the Activity Office

Note: If your requirement is just a microphone, please check with Activities to check out the microphone and use the Plug and Play System.

Signature _____

This space for audio/visual use only

